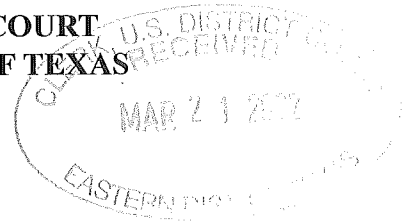


PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS
TYLER DIVISION



Wesley McCoy #1687741
Plaintiff's Name and ID Number

Michaels Unit Mental Health Unit diversion program
Place of Confinement 12 building A-pod
2664 FM 2054 Tenn. Colony
Texas 75886

CASE NO. 6:22 cv 100 JDK/JDL
(Clerk will assign the number)

v.

David A. Stebbins Michaels Unit 2664 FM
Defendant's Name and Address 2054 Tenn. Colony
TEXAS, 75886

Michael A. Collins Michaels Unit 7
Defendant's Name and Address Michaels Unit

Lonnie E. Townsend IV 2664 FM 2054
Defendant's Name and Address Tenn. Colony TX
75886
(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACKSIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

FILING FEE AND IN FORMA PAUPERIS (IFP)

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of **\$400.00**.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or a initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "NOTICE TO THE COURT OF CHANGE OF ADDRESS" and shall not include any motion for any other relief. Failure to file a NOTICE OF THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? ☒ YES ☐ NO

B. If your answer to "A" is "yes", describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: _____
2. Parties to previous lawsuit:
Plainti (s) _____
Defendant(s) _____
3. Court: (If federal, name the district; if state, name the county.) _____
4. Cause number: _____
5. Name of judge to whom case was assigned: _____
6. Disposition: (Was the case dismissed, appealed, still pending?) Dismissed
7. Approximate date of disposition: _____

Allred
Unit destroyed
All my property
before I
came here
I can't remember
the answers to
your question

II. PLACE OF PRESENT CONFINEMENT: Michael's Unit

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? YES ☐ NO ☐

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: Wesley McCoy #1687 741, Michaels Unit
Mental health program, 12 building Aired 2664 FM 2054
Tenn. Colony, Texas 75886, Alfred Unit 2101 FM 369A.
Iowa Park, TX 76367

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: (Warden) Lonnie E. Townsend III responsible of Employees
income and running the Michaels Unit 2664 FM 2054 Tenn Colony TX
75886
 Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Exchanging my health by not having sock vent circuit, for bacteria, and fires
and mold rain leaks in the cell

Defendant #2: Assistant Warden Michael A. Collins responsible of Employees
income. Head of the Unit. Michaels Unit 2664 FM 2054, Tenn Colony TX
75886
 Briefly describe the acts(s) or omission(s) of this defendant which you claimed harmed you.

never trying to resolve all these mental health offenders complaints, and my asthma
problems, or my allergies have to be live around infested mouses.
Everywhere.

Defendant #3 David A Stebbins Mental health director Michaels 12 building

Briefly describe the acts(s) or omission(s) of this defendant which you claimed harmed you.

knows we are in a filthy bacteria, fires, and mouses Environment, mold housing too

Defendant #4: Jason lively Mental health clinician (counselor) Michaels Unit
12 building, 2664 FM 2054 Tenn. Colony TX 75886

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you. I have
talked to my counselor January 21, 2022, as I pulled out a plastic bag
to show that the dead mouses I killed keep running in out my cell.
I have been sick, he did nothing on a medical vacate.

Defendant #5: Todi Terra nurse manager has stopped mental health

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

offenders getting medical treatment, all nurses are agreeing
to not take any other sickness besides Covid. Neglecting
medical care. Michaels Unit 2664 FM 2054
Tenn. Colony, TX 75886

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

I have witness such sickness throughout 2018 To 2022, on January 1-21, 2022/ On michaels Unit Jole 4 PM 2054 Temp. Colony, TX 75886 A-pod 12 building mental health. I have bad asthma and allergies, I have gotten neglected thru out michaels. There's no vent circuit that sucks the bacteria out of living cells! So a fire always started. The smoke just lodge in the cells, black mold in our A.C vent. Even the chemical gas agency furnish my breathing. There's alot of these a million of mooses, babies mooses Infested the whole 12 building, where all mental health offenders are housed. I even shared my corner the Environment I am living in is hazard. I showed a few mooses dead in a jar. I have caught sickness and sick right now! I have mouse bruises all on my shoulders. I cannot even exhale in this place, it's hard to breathe.

VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I want each defendant to pay 500,000 dollars each in their own capacity to me respectfully. Also will like for a time serve on my 1st. Sentence which is sentence, I will also like for approval for my birth name to be changed to my muslim name and a pint of blue bell ice cream everyday till I go home

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

Wesley McCoy, scooby (Ramadhan, moor) is my muslim name

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

1687741

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): _____

2. Case number: _____

3. Approximate date sanctions were imposed: _____

4. Have the sanctions been lifted or otherwise satisfied? YES NO

Mental health program
TX 75886
The following names of listed in this suit are part of our mental health department, on Michael's has known the conditions we were and still living in. They all work together! Centole the program for C.M.I. / all-seg mental health offenders. That feed us on this unit too, talk verbally to us. Stebbins David, Director let us be treated as if they don't care. Medical mental health department, says our family has to drive up to the Unit pay for our medical mental health records. Everyone doesn't have family nor money. To own their own medical or mental health records. I need my own records. Since been under psych load in the prison system. I have been paying medical. I am disable to pay, and survive on my own. I have told them that. They have cold food in Johnny sack, everyday. That's a way of food poisoning. Our mental health staff is not caring how they deal with us. I have written I-60 to all my mental health staff they all on the same page. To let the program go on like this. I have been stressed depress and seeing Mental health offenders commit suicide over the treatment they expose to Mental health offenders.

I also stored my comfort Season Invis a no medical providers bag of dead mooses. To show my Enragement, Plus I have asthma theres a lot of fire burning. Theres no suck out vent on 12 building

C. Has any court ever warned or notified you that sanctions could be imposed? _____ YES ☒ NO

D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)

1. Court that issued warning (if federal, give the district and division): _____
2. Case number: _____
3. Approximate date warning was issued: _____

Executed on: _____
DATE

Wesley McCoy
Wesley McCoy
(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this _____ day of _____, 20_____.
(Day) (month) (year)

Wesley McCoy
Wesley McCoy
(Signature of Plaintiff)

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.